

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="margin: 0;">MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small></p> </div> <div style="width: 20%;"> <p style="margin: 0; font-size: small;">SERIAL NO. 10/188232</p> <p style="margin: 0; font-size: small;">APPLICANT(S)</p> </div> <div style="width: 40%;"> <p style="margin: 0; font-size: small;">FILING DATE</p> </div> </div>													
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